
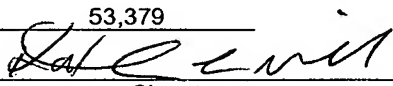
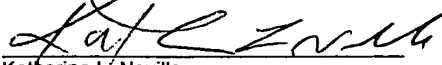


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) 28967/37564B																
	In re Application of Alitalo et al.																	
	Application Number 10/669,176		Filed September 23, 2004															
	For: VEGF-C OR VEGF-D MATERIALS AND METHODS FOR TREATMENT OF NEUROPATHOLOGIES																	
	Art Unit 1647	Examiner TBD																
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 65%;">One month (37 CFR 1.17(a)(1))</td> <td style="width: 20%; text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ 1480.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 740.00 .</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2855 .</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 53,379</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>June 22, 2004 Date</p> <p>(312) 474-6300 Telephone Number</p> </div> <div style="width: 45%; text-align: center;"> <p> Signature</p> <p>Katherine L. Neville Typed or printed name</p> </div> </div> <p style="font-size: small;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p>				<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ _____	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ _____	<input checked="" type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ 1480.00	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$ _____
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<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$ _____																
<input type="checkbox"/> Total of 1 forms are submitted.																		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: June 22, 2004	Signature:  Katherine L. Neville